Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

Written comments for the House Health Policy Committee
January 26, 2012

Chairwoman Haines and Members of the Committee:

My name is Alan Bolter. I am associate director of the Michigan Association of CMH Boards. MACMHB is a trade association, representing the 46 CMH boards and 65 provider organizations who are under contract with those boards to provide mental health and substance use disorder services in all 83 counties in Michigan.

MACMHB would like to thank Rep. Poleski for his hard work on this important issue, and the efforts he has made to meet with our members to discuss their concerns. You will be hearing from a number of those members today, outlining both the opportunities and challenges for this legislation.

Our membership knows that integration of healthcare must be improved, and that we should continue to seize opportunities to support such integration and create administrative efficiencies. That is why the integration of PIHP and Coordinating Agency functions has already occurred by their own initiative in 8 regions across the state. A ninth integration is being planned for this region, hopefully to be completed by year end. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people, especially those with multiple health care needs.

As you consider this legislation aimed at furthering integrating care and creating administrative efficiencies, MACMHB requests your support for the following principles:

- Provisions and priorities in current statutes that provide access to specialized treatment and prevention services for persons with substance use disorders (SUD) should be maintained.
- Current funding streams and support for SUD services should not be eroded by consolidation and integration efforts.
- The greatest opportunity for administrative efficiencies and savings will be realized by focused efforts to align administrative requirements across the mental health and substance use disorder systems, and to reduce or eliminate administrative requirements that are redundant or do not contribute to improved outcomes for the persons served. Examples of opportunities to reduce current administrative inefficiencies include:
    - Simplified and standardized contract language.
    - Multiple site review, audit, and contract monitoring requirements that could be standardized and streamlined with state administrative leadership.

- Inconsistent service definition and encounter coding requirements across the mental health and substance use disorder systems, which creates additional administrative requirements and inhibits the interface of information reporting and data sharing.
- Alignment of rights-related and confidentiality requirements to reduce administrative burdens and enable appropriate sharing of health and treatment information across provider systems.

Simply consolidating the administrative responsibilities without focused follow up to address these problems will be an opportunity lost. If our true intent is to improve access for persons by focusing more resources on service provision, our association and its members stand ready to work with the Administration and the Legislature in these areas.

Again, thank you for your time and consideration of our remarks.

Respectfully submitted,

Alan Bolter
Associate Director